

Draft Screening Questionnaire

Name: _____

Participant # _____

1. Within the last 14 days, have you traveled outside of Virginia?

____ YES ____ NO

If yes, please explain.

2. Within the last 14 days, have you been diagnosed with COVID-19?

____ YES ____ NO

If yes, please explain.

3. Within the last 14 days, have you had contact with anyone who has been diagnosed with COVID-19 or who is currently sick with suspected COVID-19?

____ YES ____ NO

If yes, please explain.

4. Within the last 14 days, have you, or someone you have been in close contact with, been directed to quarantine, isolate, or self-monitor?

____ YES ____ NO

If yes, please explain.

5. Within the last 14 days, have you experienced a fever or chills, persistent cough, shortness of breath or difficulty breathing, new loss of taste or smell, or other flu-like symptoms?

YES NO

If yes, please explain.

6. Within the last 14 days, have you resided with, or been in close contact with, any person in the above-mentioned categories?

YES NO

If yes, please explain.

7. Within the last 14 days, have you received a test for COVID-19?

YES NO

If yes, when and what was the result?

8. Within the last 14 days, have you requested to be tested for COVID-19 and been denied the test?

YES NO

If yes, please explain.

9. Are you a healthcare worker directly involved with the treatment of the COVID-19 disease, or work in another field that puts in you in direct contact with people who have been diagnosed with COVID-19?

YES NO

If yes, please explain.

Are you over age 65, or a person of any age with an underlying medical condition that puts you at a higher risk of developing serious health complications from COVID-19, or do you live with or provide direct care for a vulnerable person?

YES NO

If yes, please explain.

10. Do you have children at home who require your direct supervision due to school and/or daycare closings? Note: only answer YES if there is NO ONE else in the household who can provide care during your jury service.

YES NO

If yes, please explain.

11. Have you experienced any economic or job-related hardships as a result of COVID-19 that you believe would have a significant impact on your ability to pay attention and fully concentrate on the evidence in this case? YES NO

If yes, please explain.

12. The Court will be implementing procedures to maintain physical distance and minimize the potential exposure to COVID-19 in the courtroom. Even with these precautions, do you have any concerns related to COVID-19 that would affect your ability to pay attention and fully concentrate on the evidence in this case?

YES NO

If yes, please explain.

If yes, do you believe that you can set aside your concerns regarding COVID-19 and focus your attention on listening to the evidence and deliberating with other jurors?

YES NO

13. Have you been vaccinated against COVID-19?

YES NO

If yes, please explain.

14. If yes to Number 13, do you still require another dose of a two-dose vaccine?

YES NO

If yes, please explain.

15. Are you willing to abide by any rules that the Court institutes regarding social distancing and wearing masks during trial if you are selected as a juror? YES NO

If no, please explain.

16. Are you willing to notify the Court immediately if, during trial, you feel ill OR are exposed to anyone feeling ill? YES NO

If no, please explain.